Fill in this informa	ation to identify your case:	
Debtor 1	Kevin W. Brinze	_
Debtor 2 (Spouse, if filing)	Donna L. Brinze	_
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	22-11210	Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Describe Employment									
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse					
	If you have more than one job,	Employment status	■ Em	ployed	■ Employed					
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed					
	employers.	Occupation	Forkli	ift Driver						
	Include part-time, seasonal, or self-employed work.	Employer's name Sor		co Metal Packaging	Grand View Hospital					
	Occupation may include student or homemaker, if it applies.	Employer's address	••••	Arista Place Ste 200 nfield, CO 80021	700 Lawn Avenue Wycombe, PA 18980					
		How long employed to	here?	31yrs (same company diff name)	2 1/2 months					

Fart 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,762.80 6,754.80 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 2,762.80 Calculate gross Income. Add line 2 + line 3. 6,754.80

Schedule I: Your Income Official Form 106I page 1

Deb	tor 1 tor 2	Kevin W. Brinze Donna L. Brinze		(Case	number (if k	(nown)	22-1	11210			
	Сор	y line 4 here	4.		For	Debtor 1	4.80		r Debtor n-filing s			
_	Lict	all navrall deductions.										
5.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.		\$_ \$	<u> </u>	7.00	\$_ \$		501.17	_	
	5b. 5c. 5d.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans	5b. 5c. 5d.		\$_ \$_	20	0.00 3.00 0.00	\$_ \$_ \$_		0.00 55.25 0.00	<u> </u>	
	5e. 5f.	Insurance Domestic support obligations	5e.		\$_ \$_	51	5.27 0.00	\$_ \$_		194.98	3	
	5g. 5h.	Union dues Other deductions. Specify:	5g. _ 5h.		\$_ \$_		1.00 0.00	*_ + *		0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,12	6.27	\$_		751.40)_	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,62	8.53	\$_	2	,011.40)_	
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$		0.00	\$_		0.00	_	
	8b.	Interest and dividends	8b.		\$		0.00	\$_		0.00	<u> </u>	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d		\$_ \$_		0.00	\$_ \$_		0.00)	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.		\$_ \$		0.00	\$_ \$		0.00	_	
	8g.	Pension or retirement income	_ 8g.		\$_		0.00	\$		0.00	_	
	8h.	Other monthly income. Specify:	_ 8h	.+	\$		0.00	+ \$ _		0.00)	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$		0.00	\$_		0.0	0	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,628.53	+ \$_	2,	011.40	= \$ _	6,6	39.93
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your or friends or relatives. In include any amounts already included in lines 2-10 or amounts that are not a cify:	depe						Schedule	e <i>J</i> . +\$		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$	6,6	39.93
			_							Combi month		ome
13.	Do y	vou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	<i>!</i> 									